

Quality Institute 2003 Conference – Registration FAX Form

Please complete this form and fax to:

Desa, Inc
Quality Institute, ATTN: Tinesa Robinson
P.O. Box 8054 * Columbia, SC 29202
Fax # - 803.256.7136

(Please complete all required information)

Courtesy title: _____
First Name: _____ Middle Initial: _____
Last Name: _____
Degrees: _____
Organization: _____
Title: _____

Participant Type: (please place an “X” by the sector you are representing)

_____ Healthcare Provider	_____ Policy Maker
_____ Laboratory Professional	_____ Diagnostic Industry Representative
_____ Patient Advocate	_____ Hospital Administrator
_____ Purchaser/Health Insurer	_____ Government
_____ Accrediting and Standard Setting Organization	

Note: A phone number, fax number or e-mail address must be provided for confirmation of registration.

Phone(Please include area code): _____
Fax(Please include area code): _____
E-mail: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____
Zip code: _____ Country: _____

Please circle the appropriate response:

Will you require any special accommodations? Y N

If yes, please provide details:

Do you have a dietary preference? Y N

If yes, please provide details:

I plan to bring a poster for the poster sessions. Y N

-Thank you –

Additional information regarding the conference, hotel & travel and registration fees will be forwarded to you

Quality Institute 2003 Conference:
“Making the Laboratory a Key Partner in Patient Safety”

*April 13-15, 2003 * Atlanta, GA*

sponsored by Centers for Disease Control and Prevention

CONFERENCE PAYMENT:

Registration Fee: \$250.00

I am paying by:

Check

Credit Card

Money Order

Purchase Order # _____

Select Credit Card Type*:

- ☐ VISA
- ☐ Master Card
- ☐ Government Credit Card
- ☐ Govt. Purchase Order # _____

Card Number/Purchase Order Number*:

Card Expiration Date (MM/YY)*:

Government Customer Code/Card Security ID*:

Name on Card*:

Credit Card, PO and Billing Information:

First Name*:

Last Name*:

Company Name*:

Suffix (Sr, Jr, etc):

Billing Address*:

City*:

State*:

Postal Code*:

Signature: _____

Mail or fax to:

DESA, Inc.

ATTN: Tinesa Robinson

P. O. Box 8054 * Columbia, SC 29202

(803) 256-7136 fax